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**Facsimile Transmittal**

**To:** Examiner Mark W. Bockelman  
Art Unit: 3766

**Fax:** (571) 273-8300

**From:** Patrick J.S. Inouye 

**Date:** December 1, 2005

**Re:** U.S. Patent Application  
Serial No. 10/646,104

**Pages:** 49 (including cover sheet)

**CC:**

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**Notes:** Regarding the above-identified U.S. Patent Application, please find attached hereto:

- USPTO Transmittal Form
- Supplemental Response to Restriction Requirement

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PTO/SB/21 (09-04)

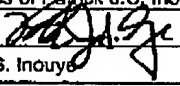
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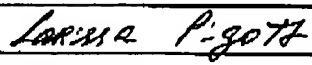
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/648,104
	Filing Date	August 22, 2003
	First Named Inventor	Bardy, Gust H.
	Art Unit	3768
	Examiner Name	Bockelman, Mark
Total Number of Pages in This Submission	Attorney Docket Number	020.0335.US.CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		

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Date	December 1, 2005	Reg. No.	40297

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Typed or printed name	Larissa V. Pigott	Date	December 1, 2005

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Supplemental Response to Restriction Requirement  
Docket No. 020.0335.US.CON

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5 *In re* Application of )  
Gust H. Bardy ) Group Art Unit: 3766  
Serial No. 10/646,104 ) Examiner:  
Filed: August 22, 2003 ) Mark W. Bockelman  
10 For: System And Method For Collection And )  
Analysis Of Patient Information For )  
Automated Remote Patient Care )

15 **SUPPLEMENTAL RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

20

Examiner Bockelman:

In response to Office action mailed on November 1, 2005, for the above-referenced patent application, please enter the following amendments.

Listing of claims begins on page 2 of this paper.

25 Remarks begin on page 27 of this paper.